

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/557/788

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2			1		1		52						
3			1		1		53						
4			3		3		54						
5			3		3		55						
6			3		3		56						
7			3		3		57						
8			2		2		58						
9			2		2		59						
10			2		2		60						
11			2		2		61						
12			1		1		62						
13			3		2		63						
14			1		1		64						
15			1		1		65						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	33	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			39				TOTAL CLAIMS						